

FOR Ph.D.COURSE(S)FOR A.Y.2023-2024

(Please submit separate report for each subject)

Date of Inspection	:	
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Faculty:Dental**Subject/Specialty:** Prosthodontics and Crown & Bridge

1. **Name&AddressoftheCollege/ResearchCentre:-**
GOVERNMENT DENTAL COLLEGE AND HOSPITAL, MUMBAI
St. George Hospital campus, P D Mello road, CST, Mumbai. PIN- 400001.
NameofHeadoftheDepartment:-Dr. Jyoti P. Tembhurne
Designation:Professor and Head

2. **Department/SubjectwisedetailsofavailablePhDGuides:-**

(AttachAnnexure“A”)

Sr. No.	Name of Ph.D. Guide	Designation	Date of Birth	Date of Retirement	Total No. of PhD Scholars Registered till date	Has completed six days Research Methodology Workshop? Yes/No	PhD Recognition No. and Date
1	Dr. Jyoti P. Tembhurne	Professor and Head	14-08-1960	31-08-2024	7	Yes	MUHS/UDC/PFL /E-2/632/2017 dated 27-04-2017
2							

4. **DetailsofavailableinfrastructureforResearch:**

- i) Adequate number of Computers with Internet facility is available? **Yes**
- ii) Adequate number of Books/Journals are available? **Yes**
- iii) Any other specific thing available at the Department:.....

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5. **DetailsofCentralResearchLaboratory:**

- i) Available Area (in sq. ft):.

Facility	Area (sft.)	Available	Not Available
Post Graduate Clinic	760	✓	
UG Clinic area	3000	✓	
Intern Section	900	✓	
Patient Waiting Parlor / lobby	700	✓	
Post Graduate Clinical Laboratory	440	✓	
Preclinic laboratory	5035	✓	
Seminar Room	220	✓	
Professor's room	220	✓	
Reader's & lectures room	660	✓	
Research Room	1340	✓	
CAD CAM Room	320	✓	

Plaster Room	1380	✓	
Store Room	320	✓	
Additional Area	1000	✓	

ii) Is Drugs/Medicines/Chemical setc. are available for research? **Yes**

iii) Is Adequate number of Instruments are available? **Yes**

iv) Is Records of Stock book available? **Yes**

6. Detail of Central Animal House: NA

i) Available Area in sq.ft:.....

ii) Functioning Central Animal House? **No**

7. Detail of Institutional Ethical Committee: (Attach Annexure "B")

i) Date of Composition:.....

ii) Total Number of Members:.....

iii) Number of meetings held in previous year:.....

iv) Whether Records of proceedings are maintained properly? **Yes**

v) Is Human and Animal Ethics Committee, registered under the appropriate authority? **Yes**

8. Detail of Research Advisory Committee: (Attach Annexure "C")

i) Date of Composition:.....

ii) Total Number of Members:.....

iii) Number of meetings held in previous year:.....

iv) Whether records of proceedings are maintained properly? **Yes**

9. Is Doctoral Committee constituted in the lines of RAC? **Yes**

i) If Yes, Date of Composition:.....

ii) Total Number of Members:.....

iii) Name of External Subject Expert:.....

10. Is Plagiarism detection software facility available? **Yes**

If Yes, Name of the Software:..... Plagiarism Checker X.....

11. Is attendance of the Ph.D. Scholar maintained properly? **Yes**

12. Whether Research Centre is registered under MPCB provisions? **yes**

13. Whether BMW facility is available? **Yes**

Any other important thing related to

14. Research/Department/Facilities, which will be helpful to carry out good quality research under this department:

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DECLARATION BY LIC

We, the LIC Members, hereby certify that, we have thoroughly inspected and verified the Department/College/Research Centre, the available other facilities, required instruments and equipment, available at the research centre. The overall observations of the Inspection Committee are as follows:-

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Name of Inspectors		Sign. of Inspectors with Date
1)	Chairman	
2)	Member	
3)	Member	
4	Member	